

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/082,415

Filing Date

February 26, 2002

First Named Inventor

Michael J. Puglia et al.

Art Unit

1743

Examiner Name

Samuel P. Siefke

Attorney Docket Number

017191.0003 (MSA-2645)

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks

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After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify
below):PTO/SB/96 - Statement Under 37 CFR
3.73 (b)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

BAYER HEALTHCARE LLC

Signature

Printed name

Kevin Stein, Esq.

Date

June 29, 2006

Reg. No.

47,966

CERTIFICATE OF TRANSMISSION/MAILINGI hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with
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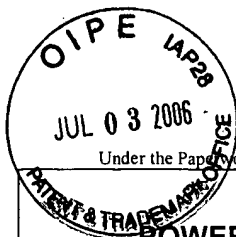
Leslie Moscatello

Date

June 29, 2006

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/082,415
Filing Date	February 26, 2002
First Named Inventor	Michael J. Pugia
Title	Method and Apparatus for....
Art Unit	1743
Examiner Name	Samuel P. Siefke
Attorney Docket Number	017191.0003 (MSA-2645)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

- ☐ Practitioners associated with the Customer Number:
OR



Name; Registration Number	Name; Registration Number
Kevin Stein; 47,966	Harold N. Wells; 26,044
Chien Yuan; 48,056	S.Z. Szczepanski; 27,957
Rupa Sen; 42,139	Mary Jo Boldingh; 34,713
Mark Seka; 44,330	Katherine L. Tabor; 36,026
Andrew Klawitter; 26,557	Glen J. Gesicki; 55,863

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- ☐ The address associated with the above-mentioned Customer Number:
OR

- ☐ The address associated with Customer Number:
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bayer Healthcare LLC				
Address	511 Benedict Avenue				
City	Tarrytown	State	New York	Zip	10591
Country	USA				
Telephone	914-524-2684	Email	Kevin.stein.b@bayer.com		

I am the:

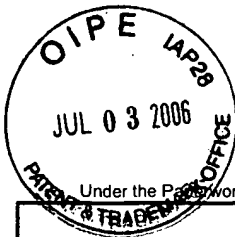
- ☐ Applicant/inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	06-29-2006
Name	Kenneth F. Wobbekind	Telephone	914 524 2741
	Vice President, Associate General Counsel and		
Title and Company	Bayer Healthcare LLC Assistant Secretary		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/96 (12-05)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Bayer Healthcare LLCApplication No./Patent No./Control No.: 10/082,415 Filed/Issue Date: February 26, 2002Entitled: Method and Apparatus for Precise Transfer and Manipulation of Fluids by Centrifugal and/or Capillary ForcesBayer Healthcare LLC, a corporation

(Name of Assignee)

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 013755, Frame 0671, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



SignatureKenneth F. Wobbekind

Printed or Typed Name

June 29, 2006

Date

914 524 2741

Telephone Number

Vice President, Associate General Counsel and Assistant Secretary

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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